

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> California Democratic Party			<b>Date of This Filing</b> 05/02/2019	Date Stamp      Page 1 of 4	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b>	<b>I.D. NUMBER</b> (if applicable) 741666	<b>Report No.</b> LCR 190502			
<b>STREET ADDRESS</b>					
<b>CITY</b> Sacramento	<b>STATE</b> CA	<b>ZIP CODE</b> 95811			
			<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
			<b>No. of Pages</b> 4		

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
05/01/2019	CALPAC CA Medical Association Political Action Committee Sacramento, CA 95814-2906  ID# 742617	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$12,500.00
05/01/2019	Professional Engineers in California Government PECG-PAC Sacramento, CA 95814-2483  ID# 822501	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$50,000.00
05/01/2019	Progressive Democrats of America Los Angeles, CA 90042	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00

### \*Contributor Codes

IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

Reason for Amendment:

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<b>NAME OF FILER</b> California Democratic Party			<b>Date of This Filing</b> <u>05/02/2019</u>	Date Stamp       Page 2 of 4	<div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;">             CALIFORNIA FORM 497           </div> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b>	<b>I.D. NUMBER</b> (if applicable) 741666	<b>Report No.</b> <u>LCR 190502</u>			
<b>STREET ADDRESS</b>					
<b>CITY</b> Sacramento	<b>STATE</b> CA	<b>ZIP CODE</b> 95811			
			<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
			<b>No. of Pages</b> <u>4</u>		

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05/01/2019	Southern California District Council ILWU Los Angeles, CA 90037-4037  Memo Reference: IDT:S497:147	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,500.00
05/01/2019	State Building and Construction Trades Council of California Independent Expenditure PAC Sacramento, CA 95814  ID# 1377164	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100,000.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

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OTH - Other	

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<b>CITY</b> Sacramento	<b>STATE</b> CA	<b>ZIP CODE</b> 95811	<b>No. of Pages</b> 4		

## Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment:

Memo Reference: IDT:S497:147

INTERMEDIARY: Catherine Familathe Harbor City, CA 90710 Occ: President Emp: ILWU Southern CA District Council